

Instructions for 2005 Benefit Election Form

Annual Enrollment is your one opportunity during the year to change your Metro benefit elections, unless you have an eligible change in status. Use the Election Form on the reverse of this page to:

- Change **any** benefit coverage for 2005. Your current elections will continue unless you elect otherwise.
NOTE: To opt out of Metro medical and/or dental insurance, call Metro Human Resources at (615) 862-6700.
- Set up a Flexible Spending Account (FSA) for 2005. FSA elections do not carry over from year to year. You must make a new election if you want to set up an FSA for 2005.
- Add or delete dependents for 2005 or update your current dependent information **even if you have no changes** to your benefit elections for 2005. For current dependent information, see your *Personal Benefit Statement* on Page 2.
NOTE: There is space to print a maximum of six dependents on the *Personal Benefit Statement* and Election Form. If you will cover more than six dependents under your 2005 benefits, please provide the information requested for **all** additional dependents on a separate sheet and submit it with your 2005 Election Form.

Do NOT submit a 2005 Election Form if you: Have no changes to your benefit elections **OR** do not want an FSA in 2005 **OR** have no changes to your dependent information. Your current coverage (except FSAs) will continue in 2005.

SUBMIT YOUR ELECTIONS AND/OR UPDATED DEPENDENT INFORMATION BY OCTOBER 29, 2004:

- In person (by 4:30 p.m.) to Metro Human Resources, 222 Third Avenue North, Suite 200, Nashville, TN 37201
- In person at any Ask & Enroll Day (see your *Enrollment Guide* for a calendar)
- By fax at **(615) 880-3401**. Be sure to fax the Election Form side of the page only, not the instruction side.
- Online at www.nashville.gov (click "Annual Enrollment")

A confirmation statement of your 2005 elections will be mailed to your home at the close of Annual Enrollment.

Before You Elect Your Benefits

- Carefully review your Personal Benefit Statement (Page 2) and refer to it when electing your benefits for 2005.
- Read the *Annual Enrollment Guide for 2005* for details on: how, when and where to enroll; medical plan comparisons; 2005 insurance rates; and other important enrollment information.
- Read the *Inside Metro Human Resources Guide* for descriptions of your employee benefits.

Election Form Checklist

- ☐ Did you detach your Election Form from your Personal Benefit Statement? (Do **not** return the statement with your Election Form.)
- ☐ Did you print clearly in blue or black ink?
- ☐ If you elected Cigna HMO or HealthSpring HMO, did you provide Primary Care Physician (PCP) numbers for yourself and each covered dependent? (PCP numbers are available from the insurance carrier. See your *Annual Enrollment Guide* for contacts.)
- ☐ If you elected supplemental life or dependent life **for the first time or are increasing your coverage by \$20,000 or more**, you must complete the Evidence of Insurability Form in your *Annual Enrollment Guide* and mail it directly to Aetna at the address shown on the Evidence of Insurability Form. See your *Annual Enrollment Guide* for details.
- ☐ If you elected short-term or long-term disability insurance for the first time, a late-enrollment penalty may apply. Also, if you elect long-term disability, you must complete the Medical History Statement in your *Annual Enrollment Guide* and mail it to Standard Insurance Company at the address shown on the Medical History Statement. See your *Annual Enrollment Guide* for details.
- ☐ Did you complete and sign the Acknowledgement Section? Is your address and phone correct in the event we need to contact you about your elections?
- ☐ Is your beneficiary information current? If not, submit a new Beneficiary Designation Form (see your *Annual Enrollment Guide*).